

Alabama Coordinated Health Network: Primary Care Providers



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A new direction...



- Single care coordination delivery system combining Health Homes, Maternity Program, and Plan First
- Replaces silos in current care coordination efforts
- Care coordination services provided by regional Primary Care Case Management Entities (PCCM-Es), or network entities
- Seven newly defined regions; primary care physicians practicing in district comprise at least half of board

**What does this
mean for providers?**



If you are a Primary Care Provider...



- New opportunity to earn bonus payments for achieving quality-related goals in addition to FFS payments
- If you earned “bump” payments previously, you can earn increased amounts by participating with Medicaid and a regional ACHN entity
- You will not have a patient panel to manage, but will work in partnership with licensed social workers and nurses who will help manage your complex or non-compliant patients

If you are a Primary Care Provider...

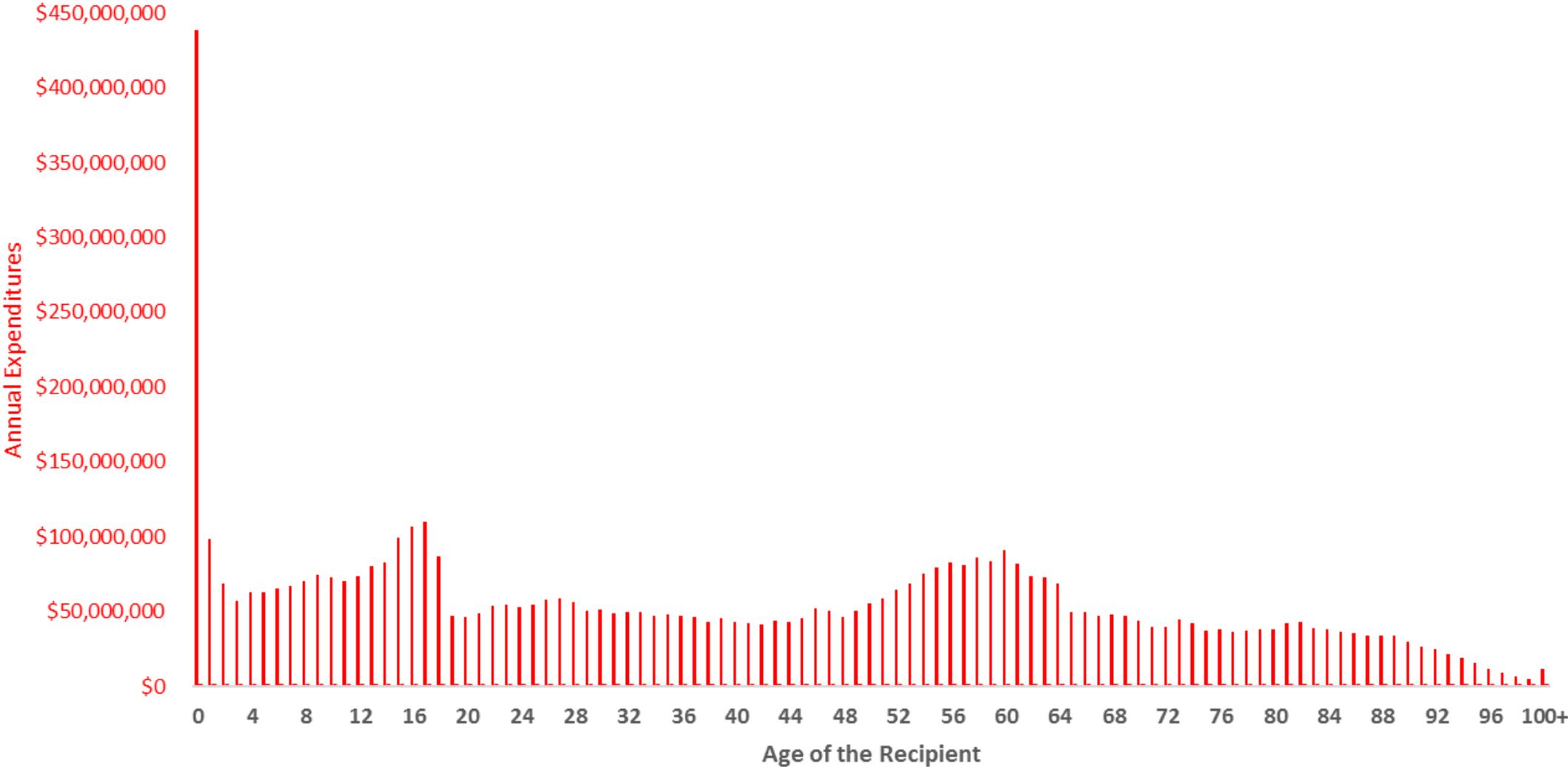


- You can see patients regardless of where they live
- Referrals are not needed for primary care
- Referrals will be required only for certain medical specialties
- EPSDT referrals will continue to be required

**Why this
approach?**



Alabama Medicaid Agency
Expenditures for Medical and Support Services
Fiscal Year 2017
By Age at the Date of Service

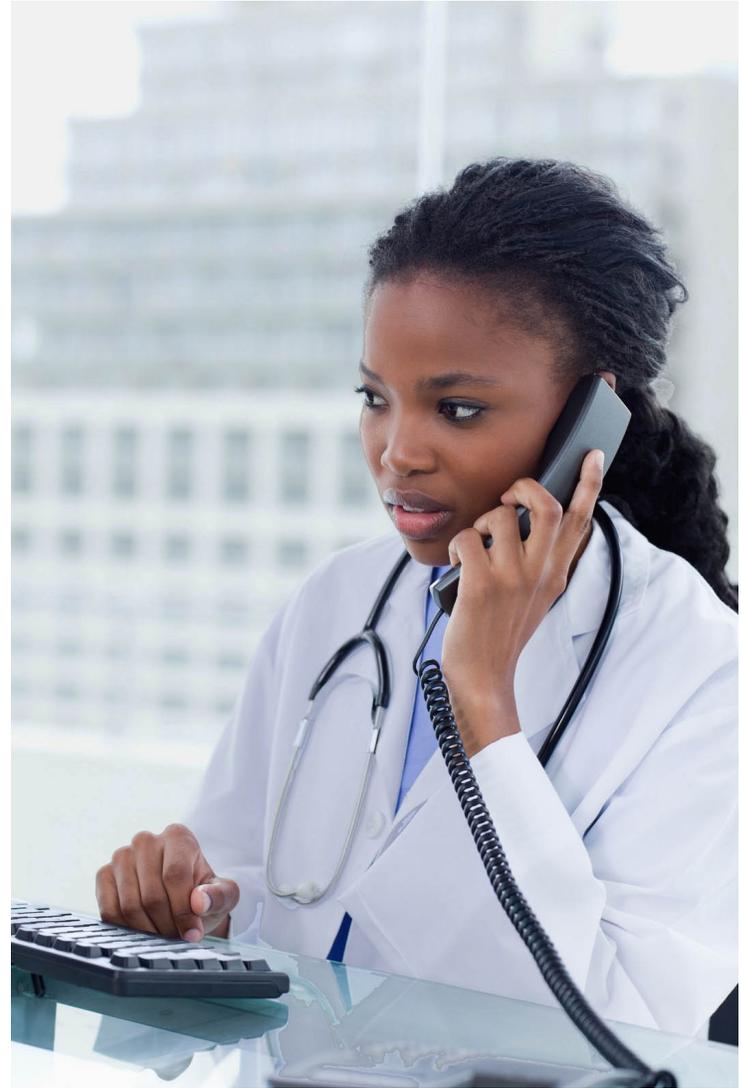


The ACHN Approach



- Past care coordination efforts in the areas of family planning, maternity care and primary care have not been in sync
- A system that works holistically with a Medicaid recipient to address issues impacting health can make a positive difference

ACHN Operation



ACHN Operation



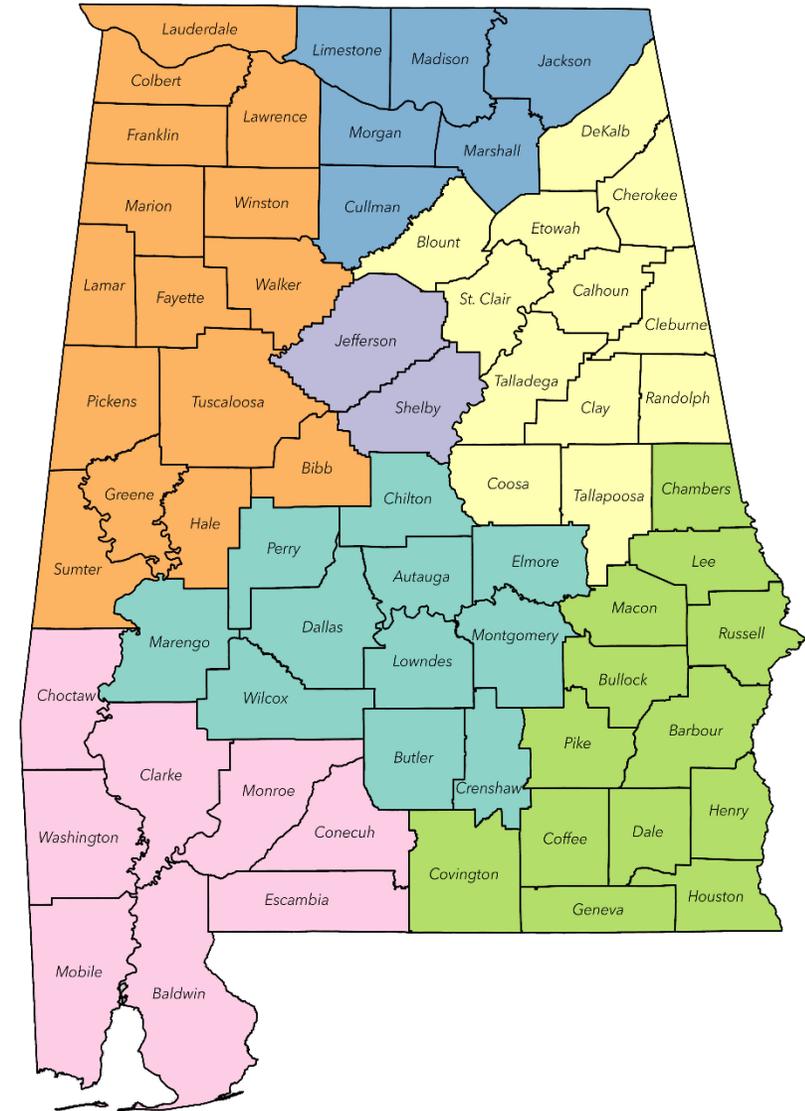
- Statewide operation, one entity in each of seven pre-defined regions
- Each network will be responsible for creating a care coordination delivery system within the region
- Care coordination will be provided based on a recipient's county of residence
- ACHN entities will not make payments to physicians
- Statewide system will manage care coordination services now provided by 12 maternity programs, six health home programs, and ADPH staff in 67 counties
- Regional entities will be incentivized along with primary care providers to achieve better health outcomes and to provide a higher volume of care coordination services

ACHN Regions



Based on:

- Existing patterns of care
- Access to care
- Ability to ensure financial viability of regional ACHN entities



Proposed ACHN Entities by Region



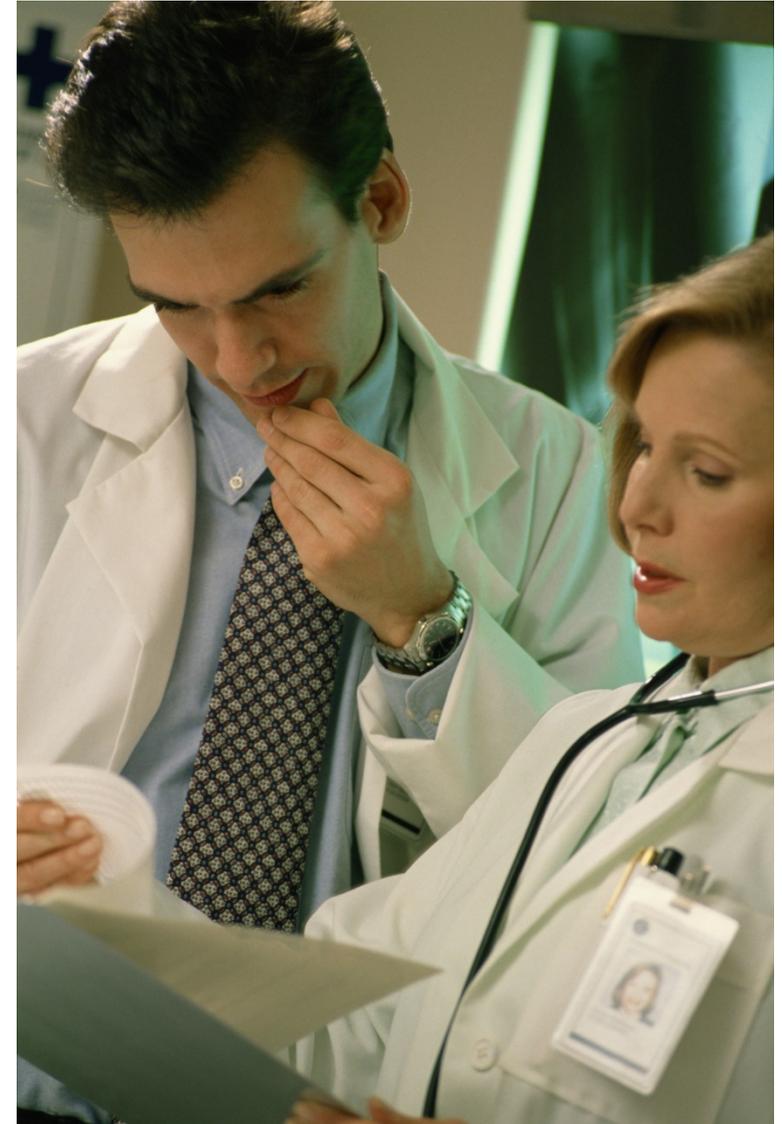
Region	Organization	Contact Name	Phone Number
Northwest	My Care Alabama Northwest	Stacey Copeland	stacy.copeland@MyCareAlabama.org
Northeast	North Alabama Community Care	Dana Garrard Stout	dana.garrard@alabamacommunitycare.org
Jefferson and Shelby	Alabama Care Network Mid-state	Michael Battle	mbattle@uabmc.edu
Central	My Care Alabama Central	Rachel Muro	rachel.muro@alahealth.com
East	My Care Alabama East	Rachel Muro	rachel.muro@alahealth.com
Southeast	Alabama Care Network Southeast	Jan Carlock	jcarlock@uabmc.edu
Southwest	Gulf Coast Total Care	Sylvia Brown	sbrown@uabmc.edu

ACHN Participants



- General Population – Current Patient 1st recipients, plus current/former foster children
- Medicaid-eligible maternity care recipients
- Plan First – Women ages 19-55 and men age 21 and over

Care Coordination Services



Care Coordination Services



- Care Coordination referrals may be requested by providers, recipients, or community sources
- Care Coordination services provided in a setting of recipient's choice, to include provider offices, hospitals, ACHN entity office, public location, or in the recipient's home
- Screening and assessment of recipient needs
- Assist recipients in obtaining transportation or applying for Medicaid
- Help recipients with appointments or appointment reminders

Care Coordination Services



- Coordinate and facilitate referrals
- Educate or assist recipients with medication or treatment plans
- Help recipients seek care in the most appropriate setting (e.g. office verses ER)
- Facilitate communication between patient and care providers
- Help recipients locate needed community services

**Primary Care
Physician (PCP)
Referral Process**



Referral Process



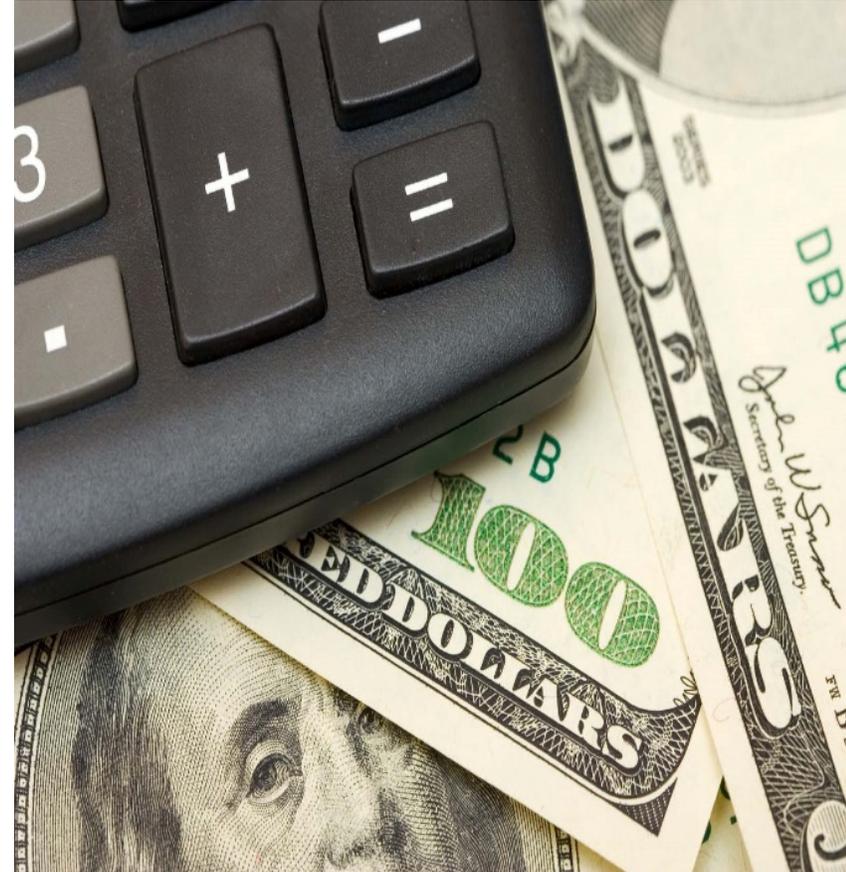
- PCPs no longer have assigned patient panels
- PCPs / PCP groups will not need a referral to see a recipient
- Nurse practitioners or physician assistants collaborating within a PCP group will not need referrals
- EPSDT referral process will not change; correct coding will continue to be essential to ensure coverage beyond the 14-visit limit

Referral Process



- PCP referrals to most specialists will be required for specialists to receive payment
- Referrals to NPs or PAs collaborating with specialty groups will also require a referral
- When a PCP cannot be identified, the ACHN entity may provide a referral

Reimbursement and Payment

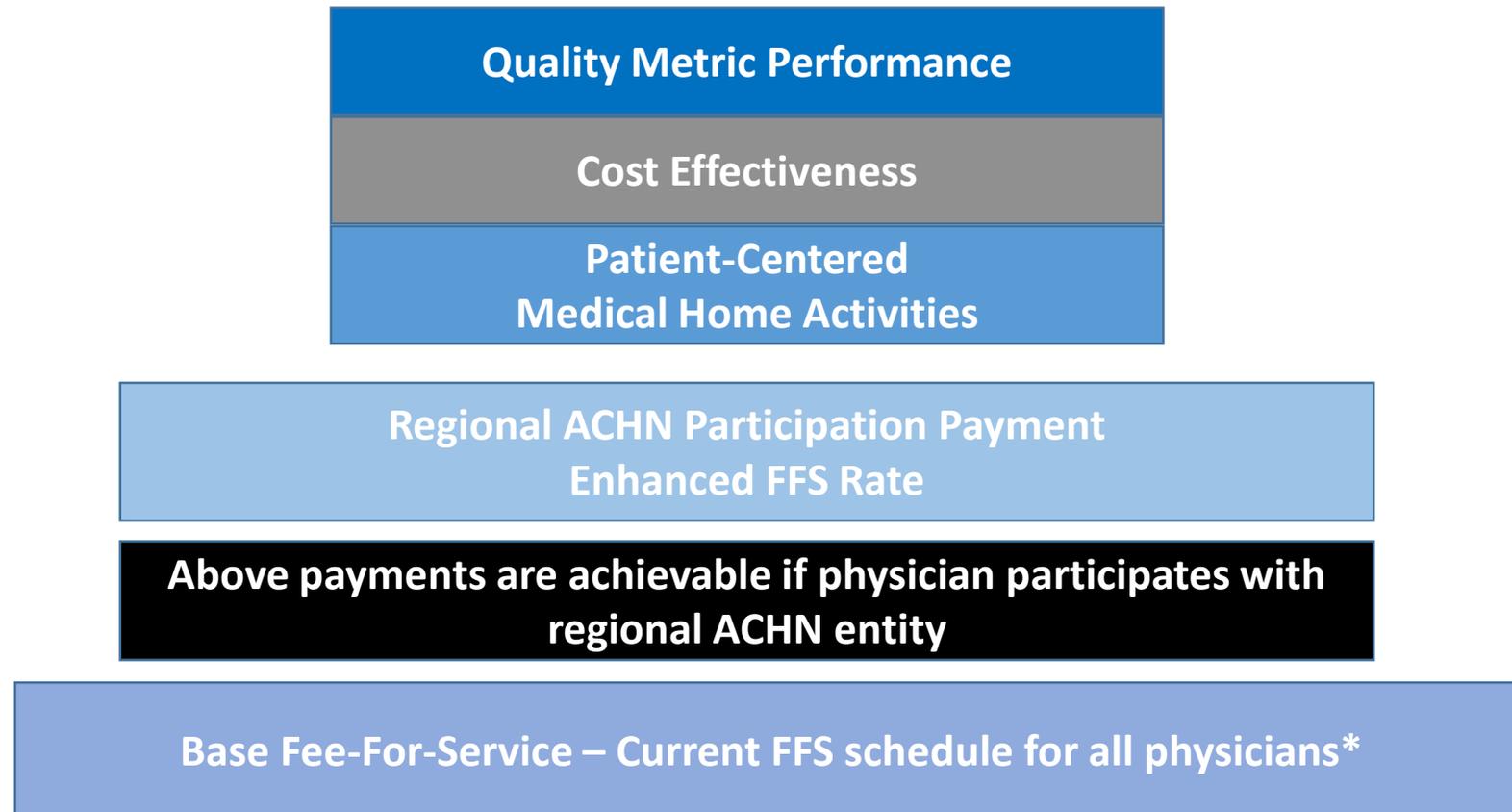


Bonus / Incentive Payments



- Goals aligned for physician, ACHN and Medicaid
- Networks incentivized to meet quality goals
- Payments made quarterly
- Structured to keep PCPs whole during transition

PCP Payment Structure



*** Providers currently eligible for BUMP Payments will still be able to receive BUMP rates if they choose to not participate with the ACHN but will *NOT* be eligible for Participation Rates or Bonus Payments.**

PCP Payment Structure



Base Fee-For-Service – Current FFS schedule for all physicians*

* Providers currently eligible for BUMP Payments will still be able to receive BUMP rates if they choose to not participate with the ACHN but will **NOT** be eligible for Participation Rates or Bonus Payments.

PCP Payment Structure



Regional ACHN Participation Payment
Enhanced FFS rate

**Above payments are achievable if physician participates with
regional ACHN entity**

Base Fee-For-Service – Current FFS schedule for all physicians*

*** Providers currently eligible for BUMP Payments will still be able to receive BUMP rates if they choose to not participate with the ACHN but will *NOT* be eligible for Participation Rates or Bonus Payments.**

ACHN Qualifications for Participation



- Participation rate payments will be made to PCPs who actively participate in an ACHN network
- Qualifications:
 - Board-certified MD/DO with a specialty or subspecialty of family medicine, general internal medicine or pediatrics that is recognized by the Board of Medical Specialties, the American Board of Physician Specialties, or the American Osteopathic Association and must actually practice in their specialty; OR
 - Non board-certified provider who practices in one of the above fields, if he/she can attest that 60 percent of their paid Medicaid procedures billed are for certain specified procedure codes for E&M services and certain VFC vaccine administration codes during the most recently completed CY, or for newly-eligible physicians, the prior month

Agreements Required



- Alabama Medicaid Provider Agreement
- Alabama Medicaid Primary Care Physician Group Agreement
- Agreement between ACHN entity and the PCP group
- Only necessary to sign the one ACHN agreement; may participate with any region

ACHN Participation Requirements



Physician groups must also meet the following criteria for participation:

- Actively work with the ACHN entity to review recipient care plans
- Participate as needed in ACHN Multi-Disciplinary Care Team (MCT)
- Participate in ACHN initiatives centered around quality measures
- Participate in at least two quarterly Medical Management Meetings and one webinar/facilitation exercise with the regional ACHN medical director over a 12-month period
 - NPs and PAs may attend for PCP
- Review data provided by the ACHN to help achieve regional and state Medicaid goals

ACHN Participation Requirements



- Alternate payment methodologies are used for these providers:
 - FQHCs and Rural Health Clinics
 - Physicians who are part of the medical faculty as determined by a state university

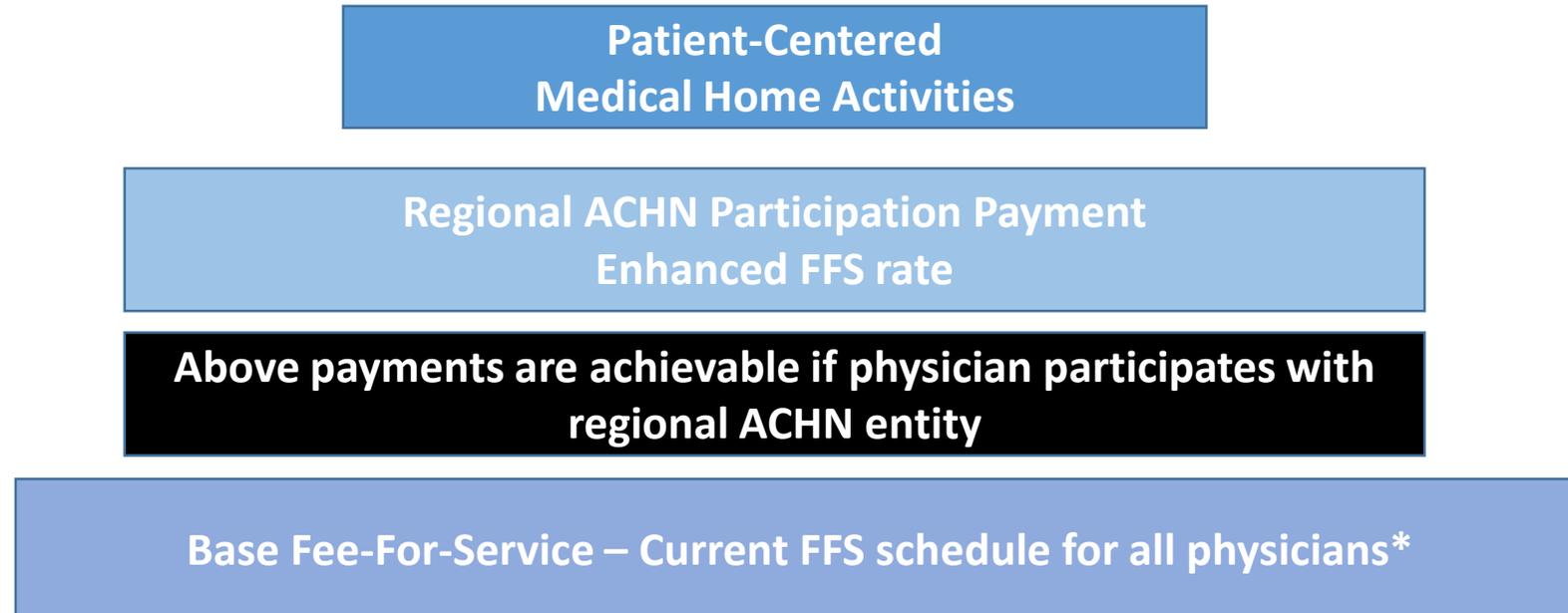
ACHN Participation Rate



ACHN Participation Rates vs. BUMP Rates

Procedure	Procedure Description	BUMP Rate	ACHN Participation Rate	Amount Increase
99201	OFFICE/OUTPATIENT VISIT NEW	\$40.04	\$42.00	\$1.96
99202	OFFICE/OUTPATIENT VISIT NEW	\$69.27	\$73.00	\$3.73
99203	OFFICE/OUTPATIENT VISIT NEW	\$100.52	\$107.00	\$6.48
99204	OFFICE/OUTPATIENT VISIT NEW	\$155.25	\$166.00	\$10.75
99205	OFFICE/OUTPATIENT VISIT NEW	\$194.18	\$210.00	\$15.82
99211	OFFICE/OUTPATIENT VISIT EST	\$18.46	\$19.00	\$0.54
99212	OFFICE/OUTPATIENT VISIT EST	\$40.36	\$41.00	\$0.64
99213	OFFICE/OUTPATIENT VISIT EST	\$68.17	\$72.00	\$3.83
99214	OFFICE/OUTPATIENT VISIT EST	\$100.91	\$108.00	\$7.09
99215	OFFICE/OUTPATIENT VISIT EST	\$135.59	\$146.00	\$10.41
99241	OFFICE CONSULTATION	\$45.45	\$46.00	\$0.55
99242	OFFICE CONSULTATION	\$85.87	\$88.00	\$2.13
99243	OFFICE CONSULTATION	\$117.58	\$122.00	\$4.42
99244	OFFICE CONSULTATION	\$175.38	\$184.00	\$8.62
99245	OFFICE CONSULTATION	\$214.62	\$226.00	\$11.38

PCP Payment Structure



*** Providers currently eligible for BUMP Payments will still be able to receive BUMP rates if they choose to not participate with the ACHN but will *NOT* be eligible for Participation Rates or Bonus Payments.**



Patient-Centered Medical Home Bonus Payments

Based on:

- Attainment of PCMH recognition by the appropriate national organization; or
- Documented progress toward PCMH recognition; evaluated annually
- Paid quarterly

Patient Attribution for Quality and Cost Effectiveness



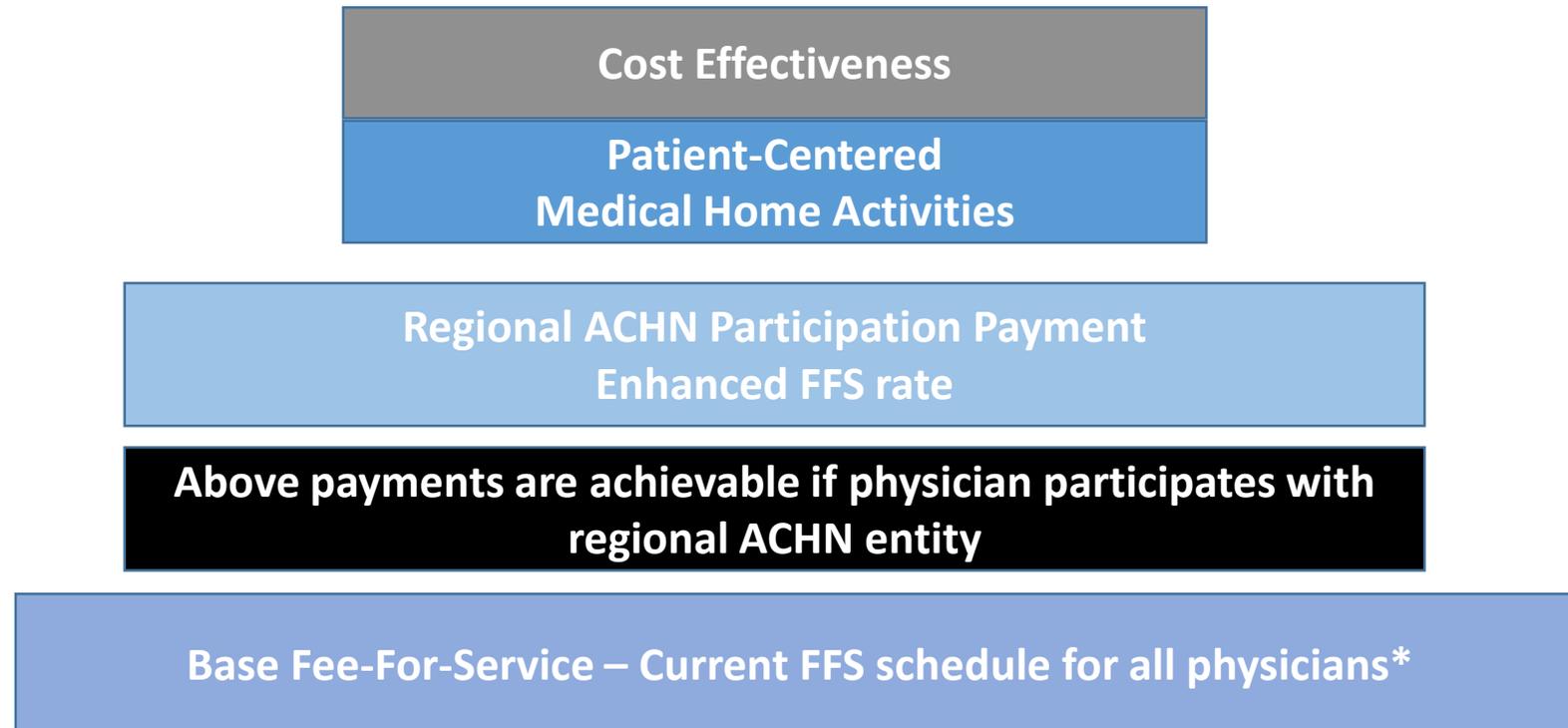
- Recipients will not be assigned to individual PCPs, but will be **attributed** at PCP group level
- Recipients will be **attributed** to PCP group based on where they received services
- Score will be calculated for each recipient/provider combination

Patient Attribution for Quality and Cost Effectiveness



- The provider with the highest score for the recipient will be attributed that recipient
- More recent claims and preventive visits will receive higher values in this calculation
- Recipients will only be attributed to one PCP group per quarter
- Attribution will be updated quarterly

PCP Payment Structure



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Cost Effectiveness Bonus Payments



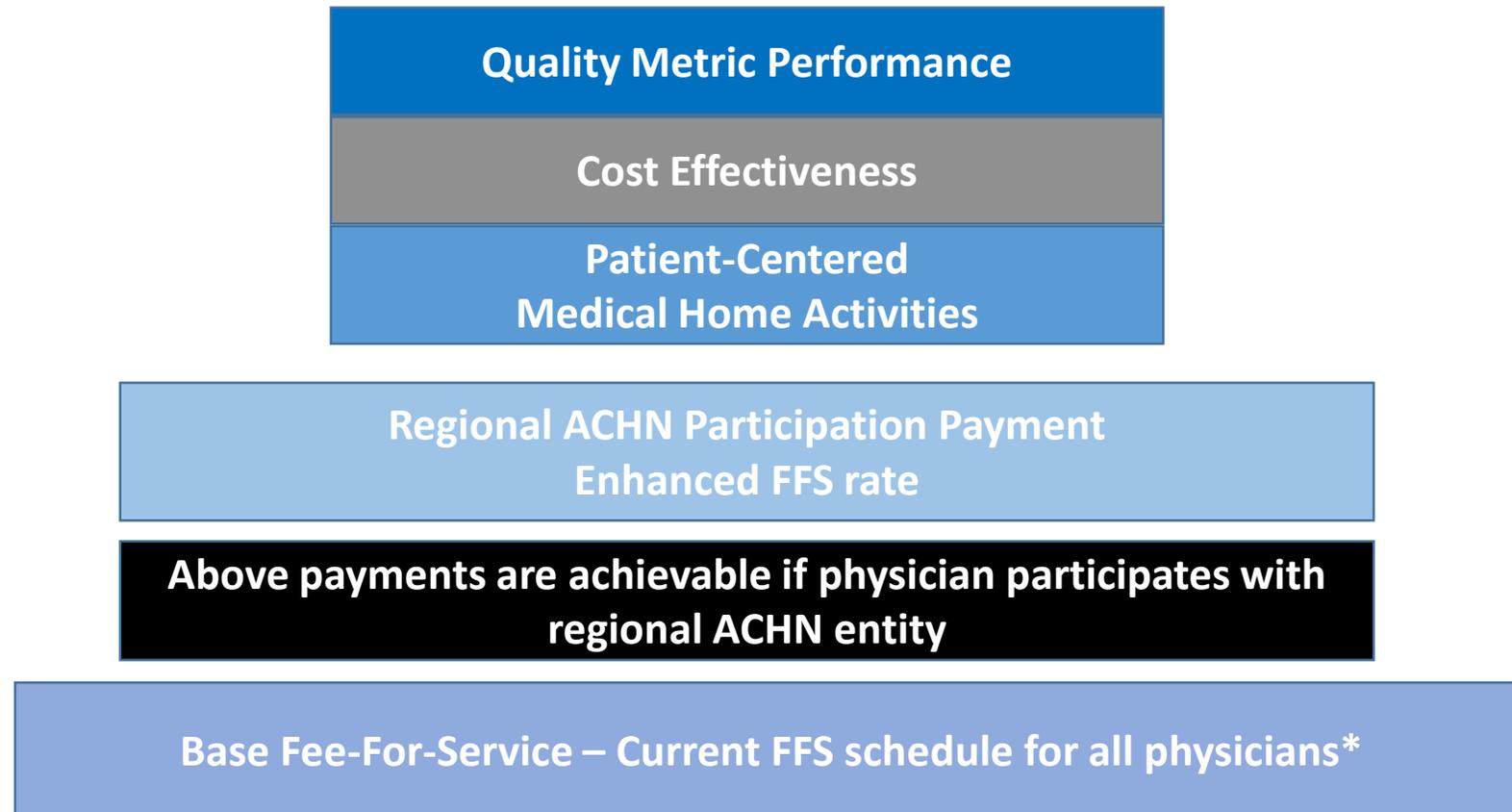
- Risk-adjusted payments
- Cost effectiveness payments based on patient attribution to PCP/PCP group
- Cost effectiveness calculated based on:
 - Two year “look back” of medical claims
 - One year “look back” of maintenance medication claims history
 - Will compare peer-to-peer
- Updated quarterly

Cost Effectiveness Bonus Payments



Quarter 1 Fall 2019	Quarter 2 Winter 2020	Quarter 3 Spring 2020	Quarter 4 Summer 2020	Quarter 5 Fall 2020	Quarter 6 Winter 2021
Full	Full	Full	Full	Calculated	Calculated

PCP Payment Structure



*** Providers currently eligible for BUMP Payments will still be able to receive BUMP rates if they choose to not participate with the ACHN but will *NOT* be eligible for Participation Rates or Bonus Payments.**

Quality Bonus Payments



- For at least four quarters, all practice groups will automatically receive a full Quality Bonus Payment at the first of each quarter
- In the future, Medicaid will calculate a Quality Bonus Payment based on performance
- Payments will be based only on measures relevant to a group's practice

Quality Measures



- Well-child visits for children, ages 3-6
- Adolescent well care visits
- Immunization status – Child
- Immunization status – Adolescent
- Antidepressant medication management
- HbA1c test for diabetic patients
- Follow-up after ER visit for alcohol or other drugs
- Chlamydia screening in women

ACHN Payment Summary



Patient 1st (ending September 30, 2019)	ACHN
Panels	-----
Case Management Payments	-----
BUMP	Bump and Participation Rate
-----	Bonus Payments

ACHN Payment Summary



ACHN Primary Care Physician Payment Chart

Primary Care Physician Scenarios	Base FFS Rates	Bump Rates	Participation Rates	Bonus Payments
PCP Scenario 1: PCPs not eligible for Bump Rates & not participating with ACHN	✓	✗	✗	✗
PCP Scenario 2: PCPs not eligible for Bump Rates & participating with ACHN	✓	✗	✓	✓
PCP Scenario 3: PCPs eligible for Bump Rates & not participating with ACHN	✗	✓	✗	✗
PCP Scenario 4: PCPs eligible for Bump Rates & participating with ACHN	✗	✓	✓	✓

EXAMPLE

Participation Rate (PR) = Enhanced Rates for fifteen E & M codes

PCP Scenario 1 Example: Receive only Base FFS Rates for all codes, including the fifteen PR codes

PCP Scenario 2 Example: Receive PR for the fifteen E & M codes and Basic FFS Rates for all other codes

PCP Scenario 3 Example: Receive Bump Rates for all codes, including the fifteen PR codes

PCP Scenario 4 Example: Receive PR for the fifteen E & M codes and Bump Rates for all other codes

ACHN Summary



Current Program	ACHN
12 Maternity Districts	7 Networks/Regions
6 Health Homes in 5 Regions	7 Networks/Regions
ADPH Staff serving 67 Counties	7 Networks/Regions
Care Coordination programs are in silos	Care Coordination is combined into a single delivery system
Medical Management Meetings require Physician Attendance	Medical Management Meetings will allow a NP or PA to attend for the Physician
PMP to PMP Referral Required	PCP to PCP referral not required
PMP Agreement with Health Home is required for each Health Home the PCP is working with	Only <u>one</u> agreement will be required, but will cover all 7 Networks

Questions



- **Website: www.Medicaid.alabama.gov**
Newsroom> Quality Innovation and Technology Initiatives> ACHN
- **[Direct Link to Frequently Asked Questions](#)**
- **Submit questions for official response to:**
ACHN@medicaid.alabama.gov